

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

DENIS DEHNE

MAYOR

MAYOR

Name (print)

Office (if applicable)

District (if applicable)

297 SMITHRIDGE

825-1398

Mailing Address (include city and zip code)

Telephone No.

REDCIT@ACCOTEK.COM

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED



Report #1 — Due August 27, 2002

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002

Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002

Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002

BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002



Report #2 Due — October 29, 2002

Period: Aug. 23, 2002 — Oct. 24, 2002



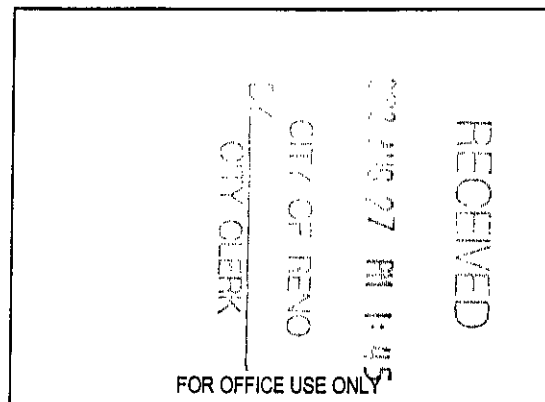
Report #3 Due — January 15, 2003

Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any



WITHDRAWN 0

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions
2. Interest and income earned on contributions, if any
3. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 and 2)
4. Total amount of In Kind Contributions

0
0
0
0

EXPENSES SUMMARY

5. Total amount of monetary expenses in excess of \$100
6. Total amount of monetary expenses of \$100 or less
7. Expense for filing fee
8. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 5 through 7)
- Remaining Balance (Subtract line 8 from 3)
9. Total amount of In Kind Expenses

0
0
25
25
0
0

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Denis SAM Dehne

Signature

8/27/2

Date Executed On

144/10
24

SAM DEHNE

MAYOR

Name (print)

Office (if applicable)

District (if applicable)

Contributions

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE IF LOAN |
|--------------------------------|---------------------------|-----------------------------|--------------------|
| | | 0 | |
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Name (print) SAM DEANEOffice (if applicable) MAYOR

District (if applicable)

Expense Categories

| CATEGORIES | CODE |
|---|------|
| Office expenses | A |
| Expenses related to volunteers | B |
| Expenses related to travel | C |
| Expenses related to advertising | D |
| Expenses related to paid staff | E |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | H |
| ** Goods and services provided in kind for which money would otherwise have been paid | I |
| Other miscellaneous expenses | J |

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

SAM DEHNE

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY (See Previous Page) NRS 294A.365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|-------------------------|---------------------------|
| | | | 2 |
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